

ARC.003A

Applicant : David Latta

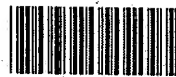
App. No. : 09/801,241

Filed : March 7, 2001

For : **MEMORY INTERFACE AND  
METHOD OF  
INTERFACING BETWEEN  
FUNCTIONAL ENTITIES**

Examiner : Mason, Donna K.

Group Art Unit: 2111



27299

PATENT, TRADEMARK OFFICE

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

May 24, 2004

(Date)

Robert F. Gazdzinski  
Reg. No. 39,990

COMMISSIONER FOR PATENTS  
P.O. BOX 1450  
ALEXANDRIA, VA 22313-1450

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JUN 03 2004

Technology Center 2100

Sir:

Transmitted herewith in the above-entitled application are the following:

- (X) Restriction Election, Amendment and Response to Office Action (16 pages).
- (X) Applicant hereby requests a TWO-MONTH extension of time in responding to the Patent Office communication mailed December 22, 2003. Enclosed is a check to cover the \$210.00 filing fee for said extension of time.
- (X) Return prepaid postcard.

The fee has been calculated as shown below:

## CLAIMS AS FILED

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
Total Claims	39	MINUS	30	= 9 X	\$ 9	= \$81.00
Independent Claims	12	MINUS	7	= 5 X	\$ 43	= \$215.00
If application has been amended to contain multiple dependent claim(s), then add					\$145	= \$0
(Select only one)				one month	\$ 55	= \$0
Time Extension Fees:				two months	\$210	= \$210
				three months	\$475	= \$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$506.00


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PATENT

- (X) A small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- (X) A check in the amount of \$506.00 is enclosed herewith to cover 9 additional claims, 5 additional independent claims and a two-month extension of time.
- (X) The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 and 1.17 which may be required, or credit any overpayment to Deposit Account No. 501423. A duplicate copy of this sheet is enclosed.

GAZDZINSKI & ASSOCIATES

Dated: 5/24/04

By:   
Robert F. Gazdzinski  
Registration No. 39,990  
11440 West Bernardo Court, Suite 375  
San Diego, CA 92127  
Telephone No. (858) 675-1670  
Facsimile No. (858) 675-1674